

## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Number:: 10/070,439  
Application Date:: 05/30/02  
Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?: NONE  
Title:: PPAR $\alpha$  AND PPAR $\gamma$  INHIBITORS  
Attorney Docket Number:: 220902US0PCT

## INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Koji  
Family Name:: MURAKAMI  
City of Residence:: Tochigi  
Country of Residence:: Japan  
Street of Mailing Address:: Prescene-Nogi-Highrise 704, 386-2,  
Marubayashi, Nogi-machi, Shimotsuga-  
gun  
City of Mailing Address:: Tochigi  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 329-0111

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Tomohiro  
Family Name:: IDE  
City of Residence:: Ibaragi  
Country of Residence:: Japan  
Street of Mailing Address:: Lions Mansion 407, 2-1, Honcho 1-  
chome, Koga-shi  
City of Mailing Address:: Ibaragi  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 306-0023

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Toshiro  
Family Name:: MOCHIZUKI  
City of Residence:: Saitama  
Country of Residence:: Japan  
Street of Mailing Address:: 304, 7-2, Sakurada 3-chome, Washimiya-  
machi, Kitakatsusika-gun  
City of Mailing Address:: Saitama  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 340-0203

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Takashi  
Family Name:: KADOWAKI  
City of Residence:: Kanagawa  
Country of Residence:: Japan  
Street of Mailing Address:: 16-14, Katahira 3-chome, Aso-ku,  
Kawasaki-shi  
City of Mailing Address:: Kanagawa  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 215-0023

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This Application</u>	<u>National Stage of</u>	<u>PCT/JP99/05217</u>	<u>09/24/99</u>

#### ASSIGNMENT INFORMATION

Assignee Name:: Kyorin Pharmaceuticals Co., Ltd.  
Street of Mailing Address:: 5, Kanda Surugadai 2-chome, Chiyoda-ku  
City of Mailing Address:: Tokyo

Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 101-0062